



State of New Hampshire
Department of Health and Human
Services
Office of Professional Licensing
Advisory Board of Bodyworker
121 South Fruit Street
Concord NH 03301
603-271-9254

Bodywork Licensure Application

PLEASE PRINT

FOR DEPARTMENT USE ONLY

☐ \$110.00 Fee/Check # _____

Effective Dates: _____

License Number: _____

Check type of license you are
applying for:

- ☐ Reflexology
☐ Structural Integration
☐ Asian Bodywork Therapy

Last Name

First Name

Middle Initial

Date of Birth

Daytime Phone

E-Mail Address

Home Mailing Address (Street/PO Box)

City

State

Zip

Name of Business Where Currently Working

Business Phone Number

Business Address (Street/PO Box)

City

State

Zip

Have you been convicted of any crime involving violence inflicted on a person or threatened against a person, or any sexually-related crime? ☐ No ☐ Yes (If yes, please explain on a separate sheet of paper))

The Department of Health and Human Services is required by law to ask for your social security number. The number will be held confidential by the Department and used only for enforcement of the laws governing child support. (42 USC 666(a)(13); RSA 161-B:11)

Social Security Number: _____ - _____ - _____

"By my signature I attest full compliance with RSA 328-H and all corresponding New Hampshire regulations and that the information and documentation provided are accurate to the best of my knowledge. I understand that knowingly providing false information may be grounds for denial, suspension, and or revocation of a license."

Date

Signature

IMPORTANT: Below is a list of the documentation you will need to attach to this application. If you have any questions while completing this application, please do not hesitate to call our office at 603-271-9254 for assistance. Mail or deliver application and materials to the address on the front of this application.

1. A recent photograph of yourself - 2x2 passport photo.
2. Application fee is \$110. Checks or money order(s) are to be made payable to: "Treasurer, State of New Hampshire."
3. Proof of current certification from respective national certifying agency in accordance with RSA 328-H:2, VII.

DEAR APPLICANT,

YOUR APPLICATION FOR A BODYWORK LICENSE IS INCOMPLETE, AND THEREFORE, CANNOT BE ACCEPTED AT THIS TIME. BELOW ARE THE REQUIREMENTS FOR SUBMITTING YOUR APPLICATION. THE REASON(S) FOR RETURNING YOUR APPLICATION ARE MARKED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL CONNIE BELIVEAU AT 603-271-9254.

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A recent photograph of yourself - 2x2 passport photo.

☐

Application fee is \$110. *Checks or money order(s) are to be made payable to: "Treasurer, State of New Hampshire."*

☐

Proof of current certification from respective national certifying agency in accordance with RSA 328-H:2, VII:

____ American Reflexology Certification Board; or

____ International Association of Structural Integrators or the Rolf Institute; or

____ Diplomat in Asian bodywork therapy from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).
